

CLAIMS ONLY						Application Number 10/811585		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23	I						73				
24	I						74				
25	I						75				
26	I						76				
27	I						77				
28	I						78				
29	I						79				
30	I						80				
31	I						81				
32	I						82				
33	I						83				
34	I						84				
35	I						85				
36	I						86				
37	I						87				
38	I						88				
39	I						89				
40	I						90				
41	I						91				
42	I						92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	3						Total Indep				
Total Depend	17	←	←	←			Total Depend	←	←	←	
Total Claims	20						Total Claims				